09/806,445

WEST Search History

DATE: Tuesday, June 25, 2002

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT; PLUR=YES; OP=OR			
L6	E-cadherin and snail	1	L6
L5	L3 and "tumor marker"	2	L5
L4	L3 and tumor marker	68153	L4
L3	snail	1262	L3
L2	L1 and "tumor marker"	1	L2
L1	sna	1758	L1

END OF SEARCH HISTORY

Search09806445
s snail and (cancer? or tumor?)

Items	File
75	5: Biosis Previews(R)_1969-2002/Jun W3
162	34: SciSearch(R) Cited Ref Sci_1990-2002/Jun W5
2	35: Dissertation Abs Online_1861-2002/May
1	65: Inside Conferences_1993-2002/Jun W4
34	71: ELSEVIER BIOBASE_1994-2002/Jun W4
73	73: EMBASE_1974-2002/Jun W3
1	77: Conference Papers Index_1973-2002/May
5	94: JICST-EPlus_1985-2002/May W1
37	98: General Sci Abs/Full-Text_1984-2002/May
4	135: NewsRx Weekly Reports_1995-2002/Apr W1
19	144: Pascal_1973-2002/Jun W4
70	149: TGG Health&Wellness DB(SM)_1976-2002/Jun W3
51	155: MEDLINE(R)_1966-2002/Jun W4
13	156: ToxFile_1966-2002/Mar W4
49	159: Cancerlit_1975-2002/May
2	162: CAB HEALTH_1983-2002/May
1	164: Allied & Complementary Medicine_1984-2002/Jun
4	172: EMBASE Alert_2002/Jun W4
3	266: FEDRIP_2002/Apr
4	369: New Scientist_1994-2002/Jun W2
4	370: Science_1996-1999/Jul W3
25	399: CA SEARCH(R)_1967-2002/UD=13626
37	434: SciSearch(R) Cited Ref Sci_1974-1989/Dec
18	442: AMA Journals_1982-2002/Jun B1
10	444: New England Journal of Med._1985-2002/Jun W4
11	457: The Lancet_1986-2000/Oct W1

SYSTEM:OS - DIALOG OneSearch
File 5:Biosis Previews(R) 1969-2002/Jun W3
(c) 2002 BIOSIS
File 34:SciSearch(R) Cited Ref Sci 1990-2002/Jun W5
(c) 2002 Inst for Sci Info
File 155:MEDLINE(R) 1966-2002/Jun W4
*File 155: Daily alerts are now available. This file has
been reloaded. Accession numbers have changed.
File 159:Cancerlit 1975-2002/May
(c) format only 2002 Dialog Corporation
*File 159: The file will be reloaded. Accession Numbers will change.

Set	Items	Description
S1	337	SNAIL AND (CANCER? OR TUMOR?)
S2	204	S1 NOT PY=>1999
S3	17	S2 AND MARKER?

S4 13 RD (unique items)
Set Items Description
S1 337 SNAIL AND (CANCER? OR TUMOR?)
S2 204 S1 NOT PY=>1999
S3 17 S2 AND MARKER?
S4 13 RD (unique items)
S5 160 S1 AND EXPRESS?
S6 61 S5 NOT PY=>1999
S7 47 RD (unique items)

Set Items Description
S1 2920 METASTA?(W)POTENTIAL
S2 48 S1 AND CRITERI?

2/9/5
DIALOG(R)File 155:MEDLINE(R)

10642933 20183523 PMID: 10717623
Microinvasive breast carcinoma: clinicopathologic analysis of a single institution experience.
Padmore R F; Fowble B; Hoffman J; Rosser C; Hanlon A; Patchefsky A S
Department of Pathology, Fox Chase Cancer Center, Philadelphia, Pennsylvania 19111, USA.
Cancer (UNITED STATES) Mar 15 2000, 88 (6) p1403-9, ISSN 0008-543X Journal Code: 0374236
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: AIM; INDEX MEDICUS
BACKGROUND: Microinvasive breast carcinoma (MIC) has a good prognosis but specific definitions have varied in the past, making the clinical significance of MIC a subject of debate. METHODS: Microscopic slides of 59 cases of breast carcinoma originally diagnosed as MIC were reviewed retrospectively. Histologic parameters were correlated with clinical findings and outcome to define diagnostic criteria better. RESULTS: On review, the 59 cases were recategorized as follows: pure DCIS (N = 16), DCIS with foci equivocal for microinvasion (N = 7), DCIS with > or =1 focus of microinvasion (N = 11), T1 invasive carcinomas with > or =90% DCIS (N = 18), and T1 tumors with <90% DCIS (N = 7). The MIC cases in the current study averaged 3 separate foci of early infiltration outside the basement membrane, each one not >1.0 mm. The mean follow-up was 95 months. Six patients (10%) had only local recurrence: 1 case each in patients with equivocal microinvasion, microinvasion, and T1 tumors with <90% DCIS and 3 cases among the patients with T1 tumors with > or = 90% DCIS. Four

patients, all with T1 tumors with > or =90% DCIS, had distant failure (7%). In the MIC group, only one patient developed a local recurrence after breast conservation. No patient had axillary lymph node metastasis. For the entire series, factors associated with local recurrence were younger age, breast conservation versus mastectomy, and close surgical margins. The only factor associated with distant failure was the size of the DCIS component. Seven patients with T1 tumors with > or =90% DCIS experienced local or distant failure and 5 of these (71%) developed progressive disease or died of disease. All other patients who developed a recurrence were disease free at last follow-up. In a retrospective series, poorer outcome in carcinomas with > or =90% DCIS may be related to the greater likelihood of missed larger areas of invasive carcinoma. Therefore, meticulous and extensive sampling of these carcinomas is required. CONCLUSIONS: MIC as defined has a good prognosis. It has a different biology than T1 invasive carcinoma with > or =90% DCIS, which may progress and cause death. Large tumors with multiple foci of microinvasion may have metastatic potential . Copyright 2000 American Cancer Society.

2/9/7
DIALOG(R)File 155:MEDLINE(R)

10305754 99293465 PMID: 10365131
The histopathological heterogeneity of small renal cell carcinoma.
Wunderlich H; Schlichter A; Kosmehl H; Schubert J
Department of Urology, Friedrich-Schiller-University Jena, Germany.
Anticancer research (GREECE) Mar-Apr 1999, 19 (2C) p1497-500, ISSN 0250-7005 Journal Code: 8102988
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: INDEX MEDICUS
BACKGROUND: Renal tumors resembling renal cell carcinoma but less than 3 cm in diameter historically have been regarded as adenomas because of their low frequency of metastases. However, this concept has been challenged, and it seems that all of these lesions should be considered carcinomas. Thus, the extent of radical surgery of these findings have been reconsidered, in view of the uncertainty regarding their malignant or benign nature. MATERIALS AND METHODS: 107 tumors 40 mm or less in diameter were accordingly divided into three groups and clinico- and histopathological criteria were correlated: group 1: 20 mm or less (n = 33), group 2: 21-30 mm (n = 28) and group 3: 31-40 mm (n = 43). RESULTS: Both lymph node metastases and distant metastases were well correlated with tumor size. Grade 1 renal cell carcinomas decreased in their frequency with an increasing tumor diameter. In grade 3 carcinomas an opposite result was found. With an increase of tumor size the frequency of venous involvement

increases as well. Significant more multifocal malignant renal cell carcinoma were seen in renal cell carcinoma between 21-40 mm compared to tumors 20 mm or less in diameter. CONCLUSION: Although the metastatic potential and the biology of small renal tumors are not yet known, it seems that nephron-sparing surgery in patients with renal cell carcinoma more than 20 mm in diameter should only be performed when there is an absolute indication, such as bilateral carcinomas, single kidney or renal failure. The problem is that a long-term follow-up study is mandatory to justify partial nephrectomy as a nephron-sparing operation for renal cell carcinoma more than 20 mm in patients with normal function of the contralateral kidney.